270/271R Benefit Eligibility Inquiry/Response Transactions
Companion Guide
ANSI ASC X12N 270/271R (Version 4010A)

State of Washington

Department of Social & Health Services

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Department of Social & Health Services

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Approved By:

CNSI Project Manager		**DSHS Project Manager**
Date		**Date**

Disclaimer

Revision History

Documented revisions are maintained in this document through the use of the Revision History Table shown below. All revisions made to this companion guide after the creation date are noted along with the date, page affected, and reason for the change.

Revision Level	Date	Page	Description	Change Summary
WAMMIS-CG270-271R-00-00-01	06/09/08		Initial Document	
WAMMIS-CG270-271R-00-00-02	06/27/08		Incorporated DSHS comments	
WAMMIS-CG-270-271R-01-01	06/28/08		Incorporated DSHS comments	
WAMMIS-CG-270-271R-01-02	07/16/08		Re-Delivery of the Deliverable based on DSHS non-Acceptance and identification of deficiencies	
WAMMIS-CG-270-271R-01-03	10/01/08		Re-Delivery of the Deliverable based on DSHS suggested changes to Trading Partners Testing Procedures verbiage	

Contents

1 Introduction

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) includes requirements that national standards be established for electronic health care transactions, and national identifiers for providers, health plans, and employers. This requires Washington State Department of Social and Health Services (DSHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions between covered entities (health care providers, health plans, and healthcare clearinghouses).

The intent of these standards is to improve the efficiency and effectiveness of the nation's health care system by encouraging widespread use of electronic data interchange standards in health care. The intent of the law is that all electronic transactions for which standards are specified must be conducted according to the standards. These standards were not imposed arbitrarily but were developed by processes that included significant public and private sector input.

1.1 Document Purpose

Companion Guides are used to clarify the exchange of information on HIPAA transactions between the DSHS ProviderOne system and its trading partners. DSHS defines trading partners as covered entities that either submit or retrieve HIPAA batch transactions to and from ProviderOne.

This Companion Guide provides information about the 270/271R that is specific to DSHS and DSHS trading partners. This Companion Guide is intended for trading partner use in conjunction with the ANSI ASC X12N National Implementation Guides listed below. The ANSI ASC X12N 270/271 Implementation Guides can be accessed at http://www.wpc-edi.com.

- ASC X12N 270/271 (004010X092)

- ASC X12N 270/271 (004010X092A1) (Addenda)

1.1.1 Intended Users

Companion Guides are intended to be used by members/technical staff of trading partners who are responsible for electronic transaction/file exchanges.

1.1.2 Relationship to HIPAA Implementation Guides

Companion Guides are intended to supplement the HIPAA Implementation Guides for each of the HIPAA transactions. Rules for format, content, and field values can be found in the Implementation Guides. This Companion Guide describes the technical interface environment with DSHS, including

connectivity requirements and protocols, and electronic interchange procedures. This guide also provides specific information on data elements and the values required for transactions sent to or received from DSHS.

Companion Guides are intended to supplement rather than replace the standard Implementation Guide for each transaction set. The information in these documents is not intended to:

- Modify the definition, data condition, or use of any data element or segment in the standard Implementation Guides.

- Add any additional data elements or segments to the defined data set.

- Utilize any code or data values that are not valid in the standard Implementation Guides.

- Change the meaning or intent of any implementation specifications in the standard Implementation Guides.

2 Technical Infrastructure and Procedures

2.1 Technical Environment

2.1.1 Communication Requirements

This section will describe how trading partners can send 270/271R transactions to DSHS using 2 methods:

- Secure File Transfer Protocol (SFTP)
- ProviderOne Web Portal

2.1.2 Testing Process

Completion of the testing process must occur prior to submitting electronic transactions in production to ProviderOne. Testing is conducted to ensure the following levels of HIPAA compliance:

1. Level 1 – Syntactical integrity: Testing of the EDI file for valid segments, segment order, element attributes, testing for numeric values in numeric data elements, validation of X12 or NCPDP syntax, and compliance with X12 and NCPDP rules.

2. Level 2 – Syntactical requirements: Testing for HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts, used and not used qualifiers, codes, elements and segments. It will also include testing for HIPAA required or intra-segment situational data elements, testing for non-medical code sets as laid out in the Implementation Guide, and values and codes noted in the Implementation Guide via an X12 code list or table.

3. Level 7 – DSHS defined custom rules. All transactions will be validated against DSHS defined custom rules as specified in the Transaction Specification section.

Additional testing may be required in the future to verify any changes made to the ProviderOne system. Changes to the ANSI formats may also require additional testing. Assistance is available throughout the testing process.

Trading Partner Testing Procedures

1. ProviderOne companion guides and trading partner enrollment package are available for download via the web at http://maa.dshs.wa.gov/dshshipaa

2. The Trading Partner completes the Trading Partner Agreement and submits the signed agreement to DSHS.

   Submit to: Provider Enrollment

PO Box 45562

Olympia, WA 98504-5562

For Questions call 1-800-562-3022 option 2, then option 5

3. The trading partner is assigned a Submitter ID, Domain, Logon User ID and password.

4. ProviderOne system processes and validates all outbound HIPAA test files. It will be available for download via the ProviderOne web portal or Secure File Transfer Protocol (SFTP).

- Web Portal URL: https://www.waproviderone.org/edi
- SFTP URL: ftp.waproviderone.org

5. The trading partner downloads the file from the ProviderOne web portal or Secure File Transfer Protocol (SFTP).

6. If the test file download is successful and the trading partner's system accepts the file for processing, the trading partner is approved for transaction download in the ProviderOne production environment.

7. If the test file download is unsuccessful, the trading partner should immediately call 1-800-562-3022 to report the failure. They will continue testing in the testing environment until a successful download is completed.

2.1.3 Who to contact for assistance

- Telephone Number: 1-800-562-3022
    - Select option 2
    - Select option 4
    - Select option 2

    o All calls result in the assignment of a Ticket Number for problem tracking
- Hours: 8:00 AM – 5:00 PM Pacific Standard Time, Monday through Friday
- Information required for initial call:
    o Topic of Call (setup, procedures, etc.)
    o Name of caller
    o Submitter ID Number
    o Organization of caller
    o Telephone number of caller
    o Nature of problem (connection, receipt status, etc.)
- Information required for follow up call(s):

o   Assigned Ticket Number

2.2 Set-up, Directory, and File Naming Convention

2.2.1 SFTP Set-up

Trading partners can contact 1-800-562-3022 for information on establishing connections through the FTP server. Upon completion of set-up, they will receive additional instructions on FTP usage.

2.2.2 SFTP Directory Naming Convention

SFTP Batch 270/271R

2.2.3 File Naming Convention

The HIPAA Subsystem Package is responsible for assisting ProviderOne activities related to Electronic Transfer and processing of Health Care and Health Encounter Data, with a few exceptions or limitations.

HIPAA files are named:

For Outbound transactions:

HIPAA.<SubmitterID>.<datetimestamp>.<TxID>.O.<out>

Example of file name: HIPAA.123456700.122620072100.270.O.out

- <SubmitterID> is the Submitter ID

- <datetimestamp> is the Date Timestamp

- <TxID> is the Transaction ID.

For Inbound transactions:

HIPAA.<SubmitterID>.<datetimestamp>.<originalfilename>.<dat>

Example of file name: HIPAA.123456700.122620072100.HIPAAFile.dat

- <SubmitterID> is the Submitter ID

- <datetimestamp> is the Date Timestamp

- <originalfilename> is the original file name which is submitted by the trading partner.

2.3 Transaction Standards

2.3.1 General Information

HIPAA standards are specified in the Implementation Guide for each mandated transaction and modified by authorized Addenda. Currently, the 270/271 transaction has one Addendum. This Addendum has been adopted as final and is incorporated into DSHS requirements.

An overview of requirements specific to the transaction can be found in the 270/271 Implementation Guide. Implementation Guides contain information related to:

- Format and content of interchanges and functional groups

- Format and content of the header, detailer and trailer segments specific to the transaction

- Code sets and values authorized for use in the transaction

- Allowed exceptions to specific transaction requirements

Transmission sizes are limited based on two factors:

- Number of Segments/Records allowed by DSHS

- DSHS file size limitations

DSHS limits the size of the transaction (ST-SE envelope) to a maximum of 999 repeats of loop 2000C.

DSHS limits a file size to 50 MB while uploading HIPAA files through the ProviderOne web portal and 100 MB through FTP.

2.3.2 Data Format

Delimiters

The ProviderOne will use the following delimiters on outbound transactions:

- Data element separator - Asterisk (*)

- Sub-element Separator - colon (:)

- Segment Terminator - Tilde (~)

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Dates

The following rules apply to any dates in this transaction:

- All dates will be formatted according to Year 2000 compliance, CCYYMMDD, except for the ISA09 element where the date format is YYMMDD.

- The only value acceptable for "CC" (century) is 20. The exception to this rule is for any of the Date of Birth values.

- Time is in military time format, 1 to 24 to indicate hours and 00 to 59 to indicate minutes and/or seconds. ISA10 and GS05 elements are formatted HHMM (ie 2115 defines the time of 9:15 p.m). BHT05 element is HHMMSS (ie 211515 defines the time of 9:15:15 p.m.).

- No spaces or character delimiters should be used in presenting dates or times.

- Dates that are logically invalid (e.g. 20071301) are rejected.

Field Length

HIPAA regulations specify field lengths for all of the data elements of the 270/271R transaction. For some of these data elements, ProviderOne processes fewer characters than the maximum allowed. The Transaction Specifications in section 3 display the ProviderOne field lengths.

Phone Numbers

Phone numbers are presented as contiguous number strings, without dashes or parenthesis markers. For example, the phone number (800) 555-1212 should be presented as 8005551212. Area codes should always be included.

2.3.3 Data Interchange Conventions

When accepting 270/271R transactions from trading partners, DSHS follows standards developed by the Accredited Standards Committee (ASC) of the American National Standards Institute (ANSI). These standards involve Interchange (ISA/IEA) and Functional Group (GS/GE) Segments or "outer envelopes". All 270/271R Transactions should follow the HIPAA guideline. Please refer to the 270/271 Implementation Guide for ISA/IEA envelop, GS/GE functional group and ST/SE transaction specifications. Specific information on how individual data elements are populated by DSHS on ISA/IEA and GS/GE envelopes are shown in the table beginning later in this section.

The ISA/IEA Interchange Envelope, unlike most ASC X12 data structures has fixed field length. The entire data length of the data element should be considered and padded with spaces if the data element length is less than the field length.

Example of ISA with the entire data length with padded spaces:

ISA*00*   *00*   *ZZ*123456789   *ZZ*77045
*040303*1300*U*00401*000001001*1*T*:~

DSHS accepts 270/271R transaction files with single ISA/IEA and GS/GE envelopes. 270/271R transactions (with their limit of 999 repeats of Loop 2000C within an ST/SE envelop), can have multiple ST/SE envelops within the same GS/GE envelope.

2.3.4 Acknowledgement Procedures

Once the file is submitted by the trading partner and is successfully received by the ProviderOne system, a response in the form of TA1 and 997 acknowledgment transactions will be placed in appropriate folder (on the FTP server) of the trading partner. The ProviderOne system generates positive TA1 and positive 997 acknowledgement, if the submitted HIPAA file meets HIPAA standards related to syntax and data integrity. For files, which do not meet the HIPAA standards a negatvie TA1 and/or negative 997 are generated and sent to the trading partner.

2.3.5 Rejected Transmissions and Transactions

270/271R transactions will be rejected if the file does not meet HIPAA standards for syntax, data integrity and structure (Strategic National Implementation Process (SNIP) type 1 and 2). Additionally, the transactions will be validated against DSHS defined custom rules (SNIP type 7) as specified in the Transaction Specification section. Non-compliance of the custom rules will result in rejection of the transaction.

3 Transaction Specifications

270 Eligibility Inquiry Request generated by ProviderOne (Outbound)

Page	Loop	Segment	Data Element	Element Name	Comments
**Interchange Control Header**
App. B	Envelope	ISA	01	Authorization Information Qualifier	'00'
App. B	Envelope	ISA	02	Authorization Information	10 spaces
App. B	Envelope	ISA	03	Security Information Qualifier	'00'
App. B	Envelope	ISA	04	Security Information	10 spaces
App. B	Envelope	ISA	05	Interchange ID Qualifier	'ZZ'
App. B	Envelope	ISA	06	Interchange Sender ID	'77045' followed by spaces
App. B	Envelope	ISA	07	Interchange ID Qualifier	'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	Health Plan Trading Partner ID
App. B	Envelope	ISA	09	Interchange Date	Date format is YYMMDD
App. B	Envelope	ISA	10	Interchange Time	Time format is HHMM
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	'U'
App. B	Envelope	ISA	12	Interchange Control Version Number	'00401'
App. B	Envelope	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	'0'
App. B	Envelope	ISA	15	Usage Indicator	'T' when submitting a Test File. 'P' when submitting a Production File.
App. B	Envelope	ISA	16	Component Element Separator	':'

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Page	Loop	Segment	Data Element	Element Name	Comments
Functional Group Header					
App. B	Envelope	GS	01	Functional Identifier Code	'HS'
App. B	Envelope	GS	02	Application Sender's Code	'77045'
App. B	Envelope	GS	03	Application Receiver's Code	Health Plan Trading Partner ID
App. B	Envelope	GS	04	Date	Date format is CCYYMMDD
App. B	Envelope	GS	05	Time	Time format is HHMM
App. B	Envelope	GS	06	Group Control Number	Must be identical to GE02
App. B	Envelope	GS	07	Responsible Agency Code	'X'
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	'004010X092A1'
Transaction set Header					
36	Header	ST	01	Transaction Set Identifier Code	'270'
37	Header	ST	02	Transaction Set Control Number	Must be identical to SE02
Begin of Hierarchical Transaction					
38	Header	BHT	01	Hierarchical Structure Code	'0022'
39	Header	BHT	02	Transaction Set Purpose Code	'13'
39	Header	BHT	03	Reference Identification	
39	Header	BHT	04	Date	Date format is CCYYMMDD
40	Header	BHT	05	Time	Time format of HHMM
40	Header	BHT	06	Transaction Type Code	
Information Source Level					
42	2000A	HL	01	Hierarchical ID Number	

Page	Loop	Segment	Data Element	Element Name	Comments
42	2000A	HL	03	Hierarchical Level Code	'20'
43	2000A	HL	04	Hierarchical Child Code	'1'
Information Source Name					
44	2100A	NM1	01	Entity Identifier Code	'PR'
45	2100A	NM1	02	Entity Type Qualifier	'2'
45	2100A	NM1	03	Name Last or Organization Name	Name of the organization the file is being sent to
45	2100A	NM1	04	Name First	
45	2100A	NM1	05	Name Middle	
45	2100A	NM1	07	Name Suffix	
46	2100A	NM1	08	Identification Code Qualifier	'PI'
46	2100A	NM1	09	Identification Code	
Information Receiver Level					
48	2000B	HL	01	Hierarchical ID Number	
48	2000B	HL	02	Hierarchical Parent ID Number	
48	2000B	HL	03	Hierarchical Level Code	'21'
49	2000B	HL	04	Hierarchical Child Code	'1'
Information Receiver Name					
50	2100B	NM1	01	Entity Identifier Code	'PR'
51	2100B	NM1	02	Entity Type Qualifier	'2'
51	2100B	NM1	03	Name Last or Organization Name	'WA State DSHS'
51	2100B	NM1	04	Name First	
51	2100B	NM1	05	Name Middle	
51	2100B	NM1	07	Name Suffix	
52	2100B	NM1	08	Identification Code Qualifier	'PI'
53	2100B	NM1	09	Identification Code	'77045'

				Information Receiver Additional Identification	
54	2100B	REF	01	Reference Identification Qualifier	
56	2100B	REF	02	Reference Identification	
56	2100B	REF	03	Description	
				Information Receiver Address	
57	2100B	N3	01	Address Information	'PO Box 45565'
57	2100B	N3	02	Address Information	
				Information Receiver City/ate/Zip Code	
58	2100B	N4	01	City Name	'Olympia '
59	2100B	N4	02	State Or Province Code	'WA'
59	2100B	N4	03	Postal Code	'985045565'
59	2100B	N4	04	Country Code	
				Information Receiver Contact Information	
61	2100B	PER	01	Contact Function Code	'IC'
61	2100B	PER	02	Name	'DSHS, Health Insurance Recovery Unit'
61	2100B	PER	03	Communication Number Qualifier	'TE'
62	2100B	PER	04	Communication Number	8005623022
62	2100B	PER	05	Communication Number Qualifier	'EX'
62	2100B	PER	06	Communication Number	16064
62	2100B	PER	07	Communication Number Qualifier	
63	2100B	PER	08	Communication Number	
				Information Receiver Provider Information	
64	2100B	PRV	01	Provider Code	
65	2100B	PRV	02	Reference Identification Qualifier	
65	2100B	PRV	03	Reference Identification	

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				Subscriber Level	
67	2000C	HL	01	Hierarchical ID Number	
68	2000C	HL	02	Hierarchical Parent ID Number	
68	2000C	HL	03	Hierarchical Level Code	'22'
68	2000C	HL	04	Hierarchical Child Code	If dependent present use '1' else use '0'
				Subscriber Trace Number	
69	2000C	TRN	01	Trace Type Code	'1'
70	2000C	TRN	02	Reference Identification	Always populated, unique for every Transaction
70	2000C	TRN	03	Originating Company Identifier	
70	2000C	TRN	04	Reference Identification	Use Original trace number on 2000C TRN04 in case of re-submission, so that the receiving party can have trace of original transaction
				Subscriber Name	
71	2100C	NM1	01	Entity Identifier Code	'IL'
72	2100C	NM1	02	Entity Type Qualifier	'1'
72	2100C	NM1	03	Name Last or Organization Name	'Subscriber Last Name'
72	2100C	NM1	04	Name First	'Subscriber First Name'
72	2100C	NM1	05	Name Middle	'Subscriber Middle Name'
72	2100C	NM1	07	Name Suffix	
73	2100C	NM1	08	Identification Code Qualifier	
73	2100C	NM1	09	Identification Code	
				Subscriber Additional Identification	
75	2100C	REF	01	Reference Identification Qualifier	
76	2100C	REF	02	Reference Identification	

				Subscriber Demographic Information	
84	2100C	DMG	01	Date Time Period Format Qualifier	'D8'
84	2100C	DMG	02	Date Time Period	Please enter Date of Birth of subscriber
84	2100C	DMG	03	Gender Code	
				Subscriber Eligibility Or Benefit Inquiry Information	
90	2110C	EQ	01	Service Type Code	ProviderOne only supports the following Service Type Codes: 1 – Medical Care 35 – Dental Care 69 – Maternity 88 – Pharmacy AH – Skilled Nursing Care-Room and Board
				Subscriber Eligibility/Benefit Date	
106	2110C	DTP	01	Date/Time Qualifier	'307'
107	2110C	DTP	02	Date Time Period Format Qualifier	'RD8'
107	2110C	DTP	03	Date Time Period	CCYYMMDD-CCYYMMDD'
				Transaction set Trailer	
147	Trailer	SE	01	Number of Included Segments	
147	Trailer	SE	02	Transaction Set Control Number	
				Functional Group Trailer	
App. B	Trailer	GE	01	Number of Transaction Sets Included	
App. B	Trailer	GE	02	Group Control Number	
				Interchange Control Trailer	
App. B	Trailer	IEA	01	Number of Included Functional Groups	
App. B	Trailer	IEA	02	Interchange Control Number	

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271 Eligibility Inquiry Response Received (Inbound)

Page	Loop	Segment	Data Element	Element Name	Comments
Interchange Control Header					
App. B	Envelope	ISA	01	Authorization Information Qualifier	Please use '00'
App. B	Envelope	ISA	02	Authorization Information	Please use 10 spaces
App. B	Envelope	ISA	03	Security Information Qualifier	Please use '00'
App. B	Envelope	ISA	04	Security Information	Please use 10 spaces
App. B	Envelope	ISA	05	Interchange ID Qualifier	Please use 'ZZ'
App. B	Envelope	ISA	06	Interchange Sender ID	Health Plan Trading Partner ID
App. B	Envelope	ISA	07	Interchange ID Qualifier	Please use 'ZZ'
App. B	Envelope	ISA	08	Interchange Receiver ID	Please use '77045' followed by spaces
App. B	Envelope	ISA	09	Interchange Date	Please use date format in YYMMDD
App. B	Envelope	ISA	10	Interchange Time	Please use time format in HHMM
App. B	Envelope	ISA	11	Interchange Control Standards Identifier	Please use 'U'
App. B	Envelope	ISA	12	Interchange Control Version Number	Please use '00401'
App. B	Envelope	ISA	13	Interchange Control Number	Must be identical to IEA02
App. B	Envelope	ISA	14	Acknowledgment Requested	Please use '0'
App. B	Envelope	ISA	15	Usage Indicator	Please use 'T' when submitting a Test File Please use 'P' when submitting a Production File
App. B	Envelope	ISA	16	Component Element Separator	Please use ':'

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				Functional Group Header		
App. B	Envelope	GS	01	Functional Identifier Code	Please use 'HB'
App. B	Envelope	GS	02	Application Sender's Code	Health Plan Trading Partner ID
App. B	Envelope	GS	03	Application Receiver's Code	Please use '77045'
App. B	Envelope	GS	04	Date	Please use date format in CCYYMMDD
App. B	Envelope	GS	05	Time	Please use time format in HHMM
App. B	Envelope	GS	06	Group Control Number	Must be identical to GE02
App. B	Envelope	GS	07	Responsible Agency Code	Please use 'X'
App. B	Envelope	GS	08	Version / Release / Industry Identifier Code	Please use '004010X092A1'
				Transaction set Header	
154	Header	ST	01	Transaction Set Identifier Code	Please use '271'
155	Header	ST	02	Transaction Set Control Number	Must be identical to SE02
				Begin of Hierarchical Transaction	
156	Header	BHT	01	Hierarchical Structure Code	Please use '0022'
157	Header	BHT	02	Transaction Set Purpose Code	Please use '11'
157	Header	BHT	03	Reference Identification	
157	Header	BHT	04	Date	Date format is CCYYMMDD
157	Header	BHT	05	Time	Time format is HHMM
				Information Source Level	
159	2000A	HL	01	Hierarchical ID Number	
159	2000A	HL	03	Hierarchical Level Code	Please use '20'

159	2000A	HL	04	Hierarchical Child Code	Please use '1'
			Request Validation		
160	2000A	AAA	01	Yes/No Condition or Response Code	Please use 'N, Y'
161	2000A	AAA	03	Reject Reason Code	Please use '04, 41, 42, 79'
161	2000A	AAA	04	Follow-up Action Code	Please use 'C, N, P, R, S, Y'
			Information Source Name		
NOTE: Information which is sent on 270 eligibility request					
163	2100A	NM1	01	Entity Identifier Code	Please use 'PR'
164	2100A	NM1	02	Entity Type Qualifier	Please use '2'
164	2100A	NM1	03	Name Last or Organization Name	Health Plan Name
164	2100A	NM1	04	Name First	
164	2100A	NM1	05	Name Middle	
164	2100A	NM1	07	Name Suffix	
165	2100A	NM1	08	Identification Code Qualifier	Please use 'PI'
165	2100A	NM1	09	Identification Code	Health Plan Trading Partner ID
			Information Source Contact Information		
169	2100A	PER	01	Contact Function Code	Please use 'IC'
169	2100A	PER	02	Name	
169	2100A	PER	03	Communication Number Qualifier	Please use 'TE'
170	2100A	PER	04	Communication Number	

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Request Validation					
173	2000A	AAA	01	Yes/No Condition or Response Code	Please use 'N, Y'
173	2000A	AAA	03	Reject Reason Code	Please use '04, 41, 42, 79, 80, T4'
174	2000A	AAA	04	Follow-up Action Code	Please use 'C, N, P, R, S, W, X, Y'
Information Receiver Level					
176	2000B	HL	01	Hierarchical ID Number	
176	2000B	HL	02	Hierarchical Parent ID Number	
176	2000B	HL	03	Hierarchical Level Code	Please use '21'
177	2000B	HL	04	Hierarchical Child Code	Please use '1'
Information Receiver Name					
NOTE: Information which is sent on 270 eligibility request					
178	2100B	NM1	01	Entity Identifier Code	Please use 'PR'
179	2100B	NM1	02	Entity Type Qualifier	Please use '2'
179	2100B	NM1	03	Name Last or Organization Name	Please use 'WA State DSHS'
179	2100B	NM1	04	Name First	
179	2100B	NM1	05	Name Middle	
179	2100B	NM1	07	Name Suffix	
180	2100B	NM1	08	Identification Code Qualifier	Please use 'PI'
181	2100B	NM1	09	Identification Code	Please use '77045'
Information Receiver Request Validation					
NOTE: Please use appropriate codes					
185	2000A	AAA	01	Yes/No Condition or Response Code	
185	2000A	AAA	03	Reject Reason Code	

186	2000A	AAA	04	Follow-up Action Code	
Subscriber Level					
188	2000C	HL	01	Hierarchical ID Number	
188	2000C	HL	02	Hierarchical Parent ID Number	
189	2000C	HL	03	Hierarchical Level Code	Please use '22'
189	2000C	HL	04	Hierarchical Child Code	'1' or '0'(zero) – use 1 if loop 2000D (dependent) is present, use 0 if no loop 2000D
Subscriber Trace Number					
191	2000C	TRN	01	Trace Type Code	Please use '2'
191	2000C	TRN	02	Reference Identification	Trace Number from 270 eligibility submission
192	2000C	TRN	03	Originating Company Identifier	
192	2000C	TRN	04	Reference Identification	Original Trace number on 2000C/TRN04 segment when sending out the response for resubmitted One In case of resubmission response the sender has to always send the original trace number
Subscriber Name					
193	2100C	NM1	01	Entity Identifier Code	Please use 'IL'
194	2100C	NM1	02	Entity Type Qualifier	Please use '1'
194	2100C	NM1	03	Name Last or Organization Name	Required if available
194	2100C	NM1	04	Name First	Required if available
194	2100C	NM1	05	Name Middle	Required if available

194	2100C	NM1	07	Name Suffix	
195	2100C	NM1	08	Identification Code Qualifier	Please use 'MI'
195	2100C	NM1	09	Identification Code	Required-except when rejection response is sent
Subscriber Additional Identification					
197	2100C	REF	01	Reference Identification Qualifier	Use 'IG' for policy Number and '6P' for Group Number. IG is Mandatory.
198	2100C	REF	02	Reference Identification	Use this field to convey Policy Holder or Group Number.
199	2100C	REF	03	Description	
Subscriber Address					
NOTE: Required if available					
200	2100C	N3	01	Address Information	
200	2100C	N3	02	Address Information	
Subscriber City/State/ZIP Code					
NOTE: Required if available					
201	2100C	N4	01	City Name	
202	2100C	N4	02	State Or Province Code	
202	2100C	N4	03	Postal Code	
202	2100C	N4	04	Country Code	
202	2100C	N4	05	Location Qualifier	
202	2100C	N4	06	Location Identifier	
Subscriber Contact Information					
204	2100C	PER	01	Contact Function Code	Please use 'IC'
204	2100C	PER	02	Name	
204	2100C	PER	03	Communication Number Qualifier	

205	2100C	PER	04	Communication Number	Provide this information if available on file
Subscriber Request Validation					
NOTE: Please use appropriate codes					
207	2000A	AAA	01	Yes/No Condition or Response Code	
208	2000A	AAA	03	Reject Reason Code	
209	2000A	AAA	04	Follow-up Action Code	
Subscriber Demographic Information					
211	2100C	DMG	01	Date Time Period Format Qualifier	Please use 'D8'
211	2100C	DMG	02	Date Time Period	Please use Subscriber Date of Birth in CCYYMMDD format
211	2100C	DMG	03	Gender Code	
Subscriber Relationship					
213	2100C	INS	01	Yes/No Condition or Response Code	Please use 'Y'
213	2100C	INS	02	Individual Relationship Code	Please use '18'
213	2100C	INS	03	Maintenance Type Code	
214	2100C	INS	04	Maintenance Reason Code	
214	2100C	INS	09	Student Status Code	
214	2100C	INS	10	Yes/No Condition or Response Code	
215	2100C	INS	17	Number	

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				Subscriber Date	
216	2100C	DTP		Date/Time Qualifier	When using codes "307" (Eligibility), "356" (Eligibility Begin), "357" (Eligibility End), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Information (EB) loops that follow.
217	2100C	DTP		Date Time Period Format Qualifier	Please use D8 or RD8
217	2100C	DTP	01	Date Time Period	Please use CCYYMMDD or CCYYMMDD-CCYYMMDD format
				Subscriber Eligibility Or Benefit Inquiry Information	
219	2110C	EB	01	Eligibility or Benefit Information	
221	2110C	EB	02	Coverage Level Code	
221	2110C	EB	03	Service Type Code	ProviderOne supports all Service Type Codes but expects at least the following Service Type Codes: 1 – Medical Care 35 – Dental Care 69 – Maternity 88 – Pharmacy AH – Skilled Nursing Care – Room and Board
226	2110C	EB	04	Insurance Type Code	
228	2110C	EB	05	Plan Coverage Description	

228	2110C	EB	06	Time Period Qualifier	
229	2110C	EB	07	Monetary Amount	
229	2110C	EB	08	Percent	
229	2110C	EB	09	Quantity Qualifier	
230	2110C	EB	10	Quantity	
230	2110C	EB	11	Yes/No Condition or Response Code	
230	2110C	EB	12	Yes/No Condition or Response Code	
Health Care Services Delivery					
234	2110C	HSD	01	Quantity Qualifier	
234	2110C	HSD	02	Quantity	
234	2110C	HSD	03	Unit or Basis for Measurement Code	
234	2110C	HSD	04	Sample Selection Modulus	
235	2110C	HSD	05	Time Period Qualifier	
235	2110C	HSD	06	Number of Periods	
235	2110C	HSD	07	Ship/Delivery or Calendar Pattern Code	
237	2110C	HSD	08	Ship/Delivery Pattern Time Code	
Subscriber Additional Identification					
238	2110C	REF	01	Reference Identification Qualifier	
239	2110C	REF	02	Reference Identification	
239	2110C	REF	03	Description	
Subscriber Eligibility/Benefit Date					
240	2110C	DTP	01	Date/Time Qualifier	If there is a need to supply a global Eligibility, Admission or Service date, it must be provided in the DTP segment within the Subscriber Name

241	2110C	DTP	02	Date Time Period Format Qualifier	
241	2110C	DTP	03	Date Time Period	
Subscriber Request Validation					
NOTE: Use this segment when a request could not be processed at subscribers eligibility level and to indicate what action needs to be taken for the request					
185	2000A	AAA	01	Yes/No Condition or Response Code	
185	2000A	AAA	03	Reject Reason Code	
186	2000A	AAA	04	Follow-up Action Code	
Message Text					
244	2110C	MSG	01	Free-Form Message Text	Use to convey information which can not be conveyed in X12 format
Loop Header					
249	2110C	LS	01	Loop Identifier Code	Please use '2120'
Subscriber Benefit Related Entity Name					
NOTE: Use this segment to identify an entity by name and/or identification number. This NM1 loop is used to identify a provider (such as the primary care provider), an individual, another payer, or another information source when applicable to the eligibility response.					
250	2120C	NM1	01	Entity Identifier Code	
251	2120C	NM1	02	Entity Type Qualifier	
251	2120C	NM1	03	Name Last or Organization Name	
252	2120C	NM1	04	Name First	
252	2120C	NM1	05	Name Middle	
252	2120C	NM1	07	Name Suffix	
252	2120C	NM1	08	Identification Code Qualifier	
253	2120C	NM1	09	Identification Code	
Subscriber Benefit Related Entity Address					
254	2120C	N3	01	Address Information	

254	2120C	N3	02	Address Information	
Subscriber Benefit Related City/State/Zip Code					
255	2120C	N4	01	City Name	
256	2120C	N4	02	State Or Province Code	
256	2120C	N4	03	Postal Code	
256	2120C	N4	04	Country Code	
256	2120C	N4	05	Location Qualifier	
256	2120C	N4	06	Location Identifier	
Subscriber Benefit Related Entity Contact Info					
258	2120C	PER	01	Contact Function Code	
258	2120C	PER	02	Name	
258	2120C	PER	03	Communication Number Qualifier	
259	2120C	PER	04	Communication Number	
259	2120C	PER	05	Communication Number Qualifier	
259	2120C	PER	06	Communication Number	
259	2120C	PER	07	Communication Number Qualifier	
259	2120C	PER	08	Communication Number	
Loop Trailer					
264	2120C	LE	01	Loop Identifier Code	
Dependent Level					
266	2000D	HL	01	Hierarchical ID Number	
266	2000D	HL	02	Hierarchical Parent ID Number	
266	2000D	HL	03	Hierarchical Level Code	Please use '23'
267	2000D	HL	04	Hierarchical Child Code	Please use '0'
Dependent Trace Number					
269	2000D	TRN	01	Trace Type Code	Please use '2'

				Reference Identification	Trace Number same as the one used for the Subscriber 270 eligibility submission
269	2000D	TRN	02		
270	2000D	TRN	03	Originating Company Identifier	
270	2000D	TRN	04	Reference Identification	
Dependent Name					
272	2100D	NM1	01	Entity Identifier Code	Please use '03'
272	2100D	NM1	02	Entity Type Qualifier	Please use '1'
272	2100D	NM1	03	Name Last or Organization Name	
272	2100D	NM1	04	Name First	
272	2100D	NM1	05	Name Middle	
272	2100D	NM1	07	Name Suffix	
273	2100D	NM1	08	Identification Code Qualifier	
273	2100D	NM1	09	Identification Code	
Dependent Additional Identification					
275	2100D	REF	01	Reference Identification Qualifier	Use 'IG' for policy Number and '6P' for Group Number. IG is Mandatory.
276	2100D	REF	02	Reference Identification	Use this field to convey Policy Holder or Group Number.
276	2100D	REF	03	Description	
Dependent Address					
277	2100D	N3	01	Address Information	
277	2100D	N3	02	Address Information	
Dependent City/State/ZIP Code					
278	2100D	N4	01	City Name	
279	2100D	N4	02	State or Province Code	
279	2100D	N4	03	Postal Code	
279	2100D	N4	04	Country Code	

				Dependent Contact Information	
281	2100D	PER	01	Contact Function Code	Please use 'IC'
281	2100D	PER	02	Name	
281	2100D	PER	03	Communication Number Qualifier	
282	2100D	PER	04	Communication Number	Provide this information if available on file
282	2100D	PER	05	Communication Number Qualifier	
282	2100D	PER	06	Communication Number	
282	2100D	PER	07	Communication Number Qualifier	
283	2100D	PER	08	Communication Number	
				Dependent Request Validation	
NOTE: Please use appropriate codes.					
284	2100D	AAA	01	Yes/No Condition or Response Code	
284	2100D	AAA	03	Reject Reason Code	
285	2100D	AAA	04	Follow-up Action Code	
				Dependent Demographic Information	
288	2100D	DMG	01	Date Time Period Format Qualifier	Please use 'D8'
288	2100D	DMG	02	Date Time Period	
288	2100D	DMG	03	Gender Code	
				Dependent Relationship	
290	2100D	INS	01	Yes/No Condition or Response Code	Please use 'N'
290	2100D	INS	02	Individual Relationship Code	Please use following codes: 01,19,21,34
290	2100D	INS	03	Maintenance Type Code	

291	2100D	INS	04	Maintenance Reason Code	
291	2100D	INS	09	Student Status Code	
291	2100D	INS	10	Yes/No Condition or Response Code	
292	2100D	INS	17	Number	
Dependent Date					
293	2100D	DTP	01	Date/Time Qualifier	When using codes "307" (Eligibility), "356" (Eligibility Begin), "357" (Eligibility End), "435" (Admission) or "472" (Service) at this level, it is implied that these dates apply to all of the Eligibility or Benefit Information (EB) loops that follow.
294	2100D	DTP	02	Date Time Period Format Qualifier	Please use D8 or RD8
294	2100D	DTP	03	Date Time Period	Please use CCYYMMDD or CCYYMMDD-CCYYMMDD format
Dependent Eligibility or Benefit Information					
296	2110D	EB	01	Eligibility or Benefit Information	
298	2110D	EB	02	Coverage Level Code	
298	2110D	EB	03	Service Type Code	ProviderOne supports all Service Type Codes but expects at least the following Service Type Codes: 1 – Medical Care 35 – Dental Care 69 – Maternity 88 – Pharmacy AH – Skilled Nursing Care – Room and Board

303	2110D	EB	04	Insurance Type Code	
305	2110D	EB	05	Plan Coverage Description	
305	2110D	EB	06	Time Period Qualifier	
305	2110D	EB	07	Monetary Amount	
306	2110D	EB	08	Percent	
306	2110D	EB	09	Quantity Qualifier	
306	2110D	EB	10	Quantity	
307	2110D	EB	11	Yes/No Condition or Response Code	
307	2110D	EB	12	Yes/No Condition or Response Code	
Health Care Services Delivery					
311	2110D	HSD	01	Quantity Qualifier	
311	2110D	HSD	02	Quantity	
311	2110D	HSD	03	Unit or Basis for Measurement Code	
311	2110D	HSD	04	Sample Selection Modulus	
312	2110D	HSD	05	Time Period Qualifier	
312	2110D	HSD	06	Number of Periods	
312	2110D	HSD	07	Ship/Delivery or Calendar Pattern Code	
313	2110D	HSD	08	Ship/Delivery Pattern Time Code	
Dependent Additional Identification					
315	2110D	REF	01	Reference Identification Qualifier	
316	2110D	REF	02	Reference Identification	
316	2110D	REF	03	Description	
Dependent Additional Identification					
317	2110D	DTP	01	Date/Time Qualifier	
318	2110D	DTP	02	Date Time Period Format Qualifier	
318	2110D	DTP	03	Date Time Period	

				Dependent Request Validation	
319	2110D	AAA	01	Yes/No Condition or Response Code	
320	2110D	AAA	03	Reject Reason Code	
320	2110D	AAA	04	Follow-up Action Code	
				Message Text	
321	2110D	MSG	01	Free-Form Message Text	
				Dependent Eligibility or Benefit Additional Information	
324	2115D	III	01	Code List Qualifier Code	
325	2115D	III	02	Industry Code	
				Dependent Eligibility or Benefit Information	
326	2115D	LS	01	Loop Identifier Code	
				Dependent Benefit Related Entity Name	
327	2120D	NM	01	Entity Identifier Code	
328	2120D	NM	02	Entity Type Qualifier	
328	2120D	NM	03	Name Last or Organization Name	
329	2120D	NM	04	Name First	
329	2120D	NM	05	Name Middle	
329	2120D	NM	07	Name Suffix	
329	2120D	NM	08	Identification Code Qualifier	
330	2120D	NM	09	Identification Code	
				Dependent Benefit Related Entity Address	
331	2120D	N3	01	Address Information	
331	2120D	N3	02	Address Information	
				Dependent Benefit Related Entity City/State/ZIP Code	
332	2120D	N4	01	City Name	
333	2120D	N4	02	State or Province Code	
333	2120D	N4	03	Postal Code	
333	2120D	N4	04	Country Code	

333	2120D	N4	05	Location Qualifier	
333	2120D	N4	06	Location Identifier	
Dependent Benefit Related Entity Contact Information					
335	2120D	PER	01	Contact Function Code	
335	2120D	PER	02	Name	
335	2120D	PER	03	Communication Number Qualifier	
336	2120D	PER	04	Communication Number	
336	2120D	PER	05	Communication Number Qualifier	
336	2120D	PER	06	Communication Number	
336	2120D	PER	07	Communication Number Qualifier	
337	2120D	PER	08	Communication Number	
Dependent Benefit Related Provider Information					
339	2120D	PRV	01	Provider Code	
340	2120D	PRV	02	Reference Identification Qualifier	
340	2120D	PRV	03	Reference Identification	
Loop Trailer					
341	2110D	LE	01	Loop Identifier Code	
Transaction set Trailer					
342	Trailer	SE	01	Number of Included Segments	The total number of segments in the transaction set inclusive to the ST-SE segments
342	Trailer	SE	02	Transaction Set Control Number	Must be identical to ST02
Functional Group Trailer					
App. B	Trailer	GE	01	Number of Transaction Sets Included	
App. B	Trailer	GE	02	Group Control Number	Must be identical to GS06

Interchange Control Trailer					
App. B	Trailer	IEA	01	Number of Included Functional Groups	
App. B	Trailer	IEA	02	Interchange Control Number	Must be identical to ISA13